

Medicaid Administrative Match – Schools – Time Study Form

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| STAFF NAME (PRINT) | JOB TITLE | DATE OF TIME STUDY (MM/DD/YY): |
| SCHOOL DISTRICT | SCHOOL BUILDING | |
| This time study form represents the codable activities that I performed during the "Date of Time Study" above. I did not alter my normal routine for the time study. I did not use any other form to track my time for purposes of claiming administrative match funds. | | |
| STAFF SIGNATURE | | DATE |
| I reviewed this time study form and it is complete and in compliance with Medicaid Administrative Match program guidelines. | | |
| SUPERVISOR'S SIGNATURE | | DATE |
| CODE IDENTIFIERS | | Total Time |
| Code 3 – EDUCATIONAL SCHOOL RELATED ACTIVITIES – Regular assigned duties, teaching, extra-curricular activities, IEP development, coordinating/monitoring IEPs, discipline, evaluating curriculum or instruction, career guidance, & general supervision of students | | |
| Code 4 – DIRECT MEDICAL SERVICES – Provision of care, treatment/patient follow-up, counseling services, related administrative/clerical activities, and staff related travel. | | |
| SYSTEM SUPPORT/PERSONAL ACTIVITIES | Tick Marks 15-Min Each | Provide a Brief Narrative Description For "b" codes |
| Code 10 – SYSTEM SUPPORT OR PERSONAL TIME (Staff meetings, breaks, lunch, annual leave, and sick leave and Medicaid Ad Match Time Study Training.) | | |
| PARALLEL CODING ACTIVITIES | | |
| OUTREACH | | |
| Code 1a – Inform students/families about general health education, wellness and prevention programs, IDEA and Child Find activities | | |
| Code 1b – Inform students/families about Medicaid and Medicaid managed care and encourage access | | |
| FACILITATING APPLICATIONS | | |
| Code 2a – Explain eligibility process and how to apply for programs like IDEA, TANF, and reduced lunches | | |
| Code 2b – Explain and assist students/families with Medicaid application process, verify current status | | |
| TRANSPORTATION | | |
| Code 5a – Scheduling or arranging transportation not in support of Medicaid covered services (e.g. social, vocational, and /or educational programs or activities) | | |
| Code 5b – Scheduling or arranging transportation to Medicaid covered services | | |
| PROGRAM PLANNING, POLICY DEVELOPMENT AND INTERAGENCY COORDINATION | | |
| Code 7a – Improving coordination/delivery/planning for non-medical services (e.g. social, vocational, state mandated child health screening, policy development, for school aged children | | |
| Code 7b – Improving coordination/delivery/planning of medical/dental/mental health/chemical dependency services to children | | |
| TRAINING (PARTICIPATION IN OR COORDINATION) | | |
| Code 8a – Improving delivery and referral to non-Medicaid services like IDEA/Child Find activities/programs | | |
| Code 8b – Improving delivery and referral to Medicaid related services, early identification and referral for special health services like well-child exams. Training for the time study should be recorded under Code 10. | | |
| REFERRAL, MONITORING OF MEDICAID SERVICES | | |
| Code 9a – Referrals for non-medical services or state education agency mandated child health screens (free Care) e.g., vision, hearing, scoliosis services | | |
| Code 9b – Referrals, coordination, monitoring of Medicaid medical, dental, mental health, substance abuse, and family planning services | | |
| Total paid time this day: | | Total time tracked this day (must equal paid time): |

Medicaid Administrative Match – Schools Time Study Form Instructions (Revised September 2008)

Directions For The Coordinator

Ensure the time study forms, instructions and quick reference guides are distributed to all participants at the correct time. At the start of each Quarter, five random time study days are identified by MAM staff and posted on the automated system. The coordinator must access the system in order to obtain the selected days. In preparation for each time study day, ensure that all participating school staff is notified and that forms are distributed *no more than five working days in advance*. Collect and sign all time study forms within five working days after each time study day. Please use ink to complete and sign the form, no stamps.

Directions For Supervisors

Participants may be informed of the time study day *no more than five working days in advance*. Distribute the time study and related forms. In order to participate, staff must be trained on allowable activities and how to complete the time study form. Within five working days after each time study day, collect, review and verify by your signature the completed time study forms. Please confirm with the participant that any changes made to the time study form are appropriate. Changes must be initialed by the participant. Please use ink to complete and sign the form, no stamps.

Directions For Time Study Participants

Only complete the time study for the randomly selected day indicated. Do not change your normally scheduled activities. This is important to the accuracy and validity of the time study. The left hand side of the form lists activity codes and brief identifiers of the types of activities under each code. For your time spent in Codes 3, 4 and/or 10, **only** fill in the total time spent for those activities. For time spent on activities in all other codes, use the Tick Mark column. Each tick mark represents a **consecutive** 15-minute increment of time. In order to record a tick mark (representing 15 minutes), the participant must spend at least 7 ½ **consecutive** minutes doing the same activity. A brief narrative describing the activity is required for all "b" codes. At the end of the day, total the tick marks and total the time. Next, total the hours. Account for all paid time that day, which can be less than your contracted hours; however, total time paid and total time tracked must match. After completing the time study form, sign and date the form and promptly return it your supervisor. Please use ink to complete and sign the form, no stamps.

| SAMPLE OF COMPLETED FORM: | | | |
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| CODE IDENTIFIERS | TICK MARKS | NARRATIVE DESCRIPTION FOR "b" CODES | Total Time |
| Code 3: Education School-Related Activities | | | 5.0 |
| Code 2b: Facilitate Applications | IIII I | Assisted in filling out Medicaid Application | 1.25 |
| Code 5b: Facilitate Transportation | II | Called Transportation Broker | .5 |
| Code 7a: Program Planning, Policy Development | III | | .75 |
| Total paid time this day: 7 hrs. 30 min Total hours tracked this day: 7 hrs. 30 min TIME TOTALS ABOVE MUST MATCH | | | 7.5 |